

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32638

Registrar's No.

2186

OCT 2 - 1943

Registration District No.

Primary Registration District No.

6076

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town LEMMY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mount St. Rose Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 MONTHS
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Marie Ann Schone3. (b) If veteran,
name war _____3. (c) Social Security
No. 497-05-1622

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilfred T. Schone
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Jan. 11, 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	32	8	15	hr. _____ min.

9. Birthplace Maplewood Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Stenographer11. Industry or business Schaubert - Knier - Howe Co.12. Name Joseph L. Pudloski13. Birthplace Poland
(City, town, or county) (State or foreign country)14. Maiden name Lena Murawski15. Birthplace Poland
(City, town, or county) (State or foreign country)16. (a) Informant Wilfred T. Schone(b) Address 3638 Commonwealth Ave. MAPLEWOOD17. (a) Burial (b) Date thereof Sept. 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New SS. Peter & Paul Cem18. (a) Signature of funeral director Wm J. Robert & Co(b) Address 1905 S. Grand St. St. Louis Mo19. (a) SEP 29 1943 (b) Registrar's signature J. McElvaine

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 096
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3638 Commonwealth Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1943 hour 5 45 minute P.M.21. I hereby certify that I attended the deceased from July 6
1943 to Sept 25 1943
that I last saw him alive on Sept 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary tuberculosis ?

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature James L. Grand (M.D. or other)Address 634 N. GRAND Date signed 9/27/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John J. Fetter

Licensed Embalmer No.....

3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.